



SHELBY COUNTY

DIVISION OF CORRECTIONS

INMATE VISITATION APPLICATION

Inmate Name: _____ R&I #: _____

Read Carefully: All questions must be answered. Any omissions or falsifications will be considered sufficient reason for disapproval for visitation. Return this form to the Operations Department at Shelby County Division of Corrections, 1045 Mullins Station Road, Memphis, Tennessee – 38134. The application will become apart of the inmate's institutional record under the provisions of T.C.A. 4-3-603, 4-3-606, and 4-6-140. It will be considered as public record available for review by the general public, subject to the procedures established in the above-cited statutes.

Name (Fill in form online where indicated by shading & print out when completed)	Race (Place a Checkmark in the Appropriate Box)	Relationship To Inmate (Place a Checkmark in the Appropriate Box)
First:	Asian or Pacific Islander	Mother
Middle:	Black	Father
Last:	Hispanic	Brother
Address	American Indian Alaskan Native	Sister
Street:	White	Wife
City:		Husband
State:	Date of Birth	Child
Zip:	Age:	Grandmother
	Month:	Grandfather
Telephone Number	Day:	Cousin
Home: ()	Year:	Uncle
		Aunt
Sex	Height / Weight	Niece
Male: _____ Female: _____	Feet:	Nephew
	Inches:	Foster Child
Employer	Weight:	Foster Parent
Employer:		Step Father
Address:	Social Security No.	Step Mother
Telephone Number:		Step Sister
		Step Brother
		Mother-in-law
Driver's License or State ID Number		Father-in-law
State: _____ Number: _____		Brother-in-law
		Sister-in-law
Vehicle Information		
Make:		
Model:		
License Tag Number: _____ State: _____		

Are you currently visiting another inmate at the Division of Corrections? _____ If yes, what is his/her name: _____ Number: _____ Relationship: _____

Have you ever been convicted of a felony? _____ If yes, please list offense(s), date, location, and disposition of sentence. Please include your State Number or R& I number:

Have your visitation privileges ever been suspended from the Division of Corrections for any reason: _____ If yes, please explain: _____

Are you now, or have you ever been employed at the Division of Corrections: _____ If yes, please list when and what Department: _____

Your Signature: _____ Date: _____

Note: If you are under 18 years of age, your parent or legal guardian's approval must be indicated by notarized signature. If signed by legal guardian, a copy of the certified court order granting guardianship must be attached. Visitors' handbooks are available upon request and receipt of a self-addressed stamped envelope with this application.

This Section Is For Administrative Use Only

Approved: _____

Denied: _____ Reason: _____

Date of Receipt: _____

IMS System Updated By: _____ Date: _____
(Print Name)

Administrator of Operations/Designee Date